

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>NVS4767HIC</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>07/20/2009</b>
NAME OF PROVIDER OR SUPPLIER  <b>WILLIAMS PERSONAL HOME CARE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>3404 EL CAMPO GRANDE AVE N LAS VEGAS, NV 89084</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
H 000	Initial Comments  This Statement of Deficiencies was generated as a result of a complaint investigation survey conducted in your facility on 7/20/2009. This complaint investigation was conducted by authority of NAC 449, Homes for Individual Residential Care, adopted by the State Board of Health on November 29, 1999.  The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.  Complaint #09S0063UNL AGC was substantiated with deficiencies.  The following deficiencies were found: See Tag H999.	H 000		
H 999	Final Comments  This Regulation is not met as evidenced by: NRS 449.0105 " Home for individual residential care " defined. " Home for individual residential care " means a home in which a natural person furnishes food, shelter, assistance and limited supervision, for compensation, to not more than two persons with mental retardation or with disabilities or who are aged or infirm, unless the persons receiving those services are related within the third degree of consanguinity or affinity to the person providing those services.  Based on observations and interview during an on-site complaint investigation of 7/20/09, the facility admitted four residents. The number	H 999		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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H 999	<p>Continued From page 1</p> <p>exceeded the licensing requirement for a Home for Individual Residential Care, resulting in being over census by two residents.</p> <p>Findings include:</p> <p>Upon arriving at the complaint location, 3404 W. Campos Grande Ave., a woman identified herself as a caregiver and allowed access to the facility. Shortly thereafter, the operator (wife of the licensed facility owner) arrived at the home. Interviews were conducted with the both the operator and caregiver.</p> <p>Four bedrooms were observed during the on-site investigation of 7/20/09. Three of the bedrooms were furnished with a single hospital bed and the fourth, a master bedroom, was furnished with two hospital beds and a queen bed. One resident occupied each of the bedrooms, identified by their personal belongings and health care care items.</p> <p>Records indicated that all four residents signed a Residential Agreement upon admission, stating that they were being provided Residential Group Care services. Other documents included medication records and contact information.</p> <p>Resident #1: This 96 year old male stated that he was recently admitted to the facility ( 5/09). The resident was transferred from a Group Home. His medical history included Alzheimer's (Dementia) and gastrointestinal problems. Resident #1 was provided shelter, meals and limited supervision. He conveyed that he was provided assistance with bathing, transfer and ambulation. The caregiver reported that she administers his medications.</p>	H 999		

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H 999	<p>Continued From page 2</p> <p>Resident #2: This 70 year old female resident has resided at this facility since 1/15/09. Her Resident File included documentation stating that she is charged \$3000 per month. Resident #2 had a medical history of peripheral vascular disease and chronic pain s/p hip surgery. She was provided assistance with bathing, dressing, and transfer. Resident #2 was observed to ambulate independently for only a short distance with the aid of a walker, otherwise she was provided assistance with ambulation. She was wearing protective undergarments and used a bedside commode due to bladder incontinence. Resident #2 received occasional nursing care from a Home Health agency. The caregiver administered her medications.</p> <p>Resident #3: This 94 year old female resident was admitted on 10/04/08. Her resident file included documentation that she pays \$3,000 per month. Her daughter initiated the over census complaint on this facility. Resident #3's medical history included hypertension, lipidemia, hypothyroidism and chronic pain associated with osteoarthritis. She was provided assistance with transfer and ambulation. She utilized a bedside commode. The caretaker administered her daily medications.</p> <p>Resident #4: This 81 year old female resident occupied a room at this facility since 1/27/09. Resident #4 had a medical history of Alzheimer's/Dementia, Hypertension and Cardiovascular Disease. She was confused during her interview and unable to answer questions appropriately. She was provided assistance with bathing, dressing, transfer and ambulation. She also possessed a wheelchair. Resident #4 was reported by the caregiver to be bladder incontinent. She was wearing protective</p>	H 999		

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H 999	Continued From page 3  undergarments and had access to a bedside commode. The caregiver stated that she shares the bedroom with Resident #4.  After reviewing evidence from the on-site complaint investigation (observation notes, screening interviews and resident records) it was determined that four residents were receiving shelter, meals, assistance and limited supervision. The facility was over census by two residents, therefore operating as an unlicensed Home for Group Residential Care.	H 999		

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